

Remarks

By
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At

*Conference of the Asia-Pacific Action Alliance on Human
Resources for Health*

Ayuthaya, Thailand
28-31 October 2006

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Your Excellency, Dr Mongkol Na Songkhla, Minister of Public Health, The Royal Thai Government; Distinguished participants and guests; Ladies and gentlemen,

At the outset, let me thank the organizers of the conference for inviting me to attend this programme. I am pleased that the Asia-Pacific Action Alliance on Human Resources for Health (AAAH) is convening this conference. The conference is very important indeed, as far as health development in general is concerned.

Human resources are the core of health systems. The efficient and effective functioning of these systems depends on the team of motivated and dedicated health staff. There is ample evidence to show that the availability of competent health workers can contribute significantly to the overall improvement of the health of the population. Issues relating to the health workforce had always been a key concern in the development and management of health services.

The World Health Assembly resolved in 1977, to urge Member States to work towards the attainment of health for all by the year 2000. It was realized in that context that no country in the world would be able to produce adequate health manpower to ensure the attainment of that goal; the goal that required all people in the world to lead a socially and economically productive life.

As an important component of the global strategy for health for all by the year 2000, the WHO programme on human resources for health was initiated. It was intended to develop human resources that could promote, among others, the involvement of people of all walks of life in health development. And this involvement must be at all levels: individual, family, community, sub-national and national.

This strategy needs development and intervention through the educational process that can empower all those people to be able to lead a socially and economically productive life. To be successful in this endeavour, a competent health workforce is indispensable indeed. The World Health Assembly Resolution on Health For All (HFA) had considerably broadened our perspective in health development. It is a development that requires efforts that go much beyond the health sector.

Now, six years after the target date of this global social goal, we are yet to realize health for all. Nonetheless, the concept of Health For All still remains our “ultimate target” towards which all countries in the world should continue to stride forward. Since the adoption of the HFA Resolution, health has been universally accepted to be at the centre of overall development in any country. While forging forward towards the Health For All Goal, we have witnessed many changes around us.

The world has changed rapidly in many ways during the past two decades. These changes have profoundly affected the development process in socio-economic, and thereby health, sectors. The liberalization of international trade, for example, is affecting goods and services in health in a big way. People today are better educated; and today the world has increasingly become a global village. These changes have led to the consumers' demands for more and improved health care and services. Patients demand from service providers and the government for more and better protection of their rights. Advancement in science and technology has changed the way health care and services are perceived and practised. All in all, however, one cannot neglect the changes in socio-cultural dimension.

Due to several factors, people's lifestyles have kept changing. There is significant increase in health risk behaviours, especially in the urban settings. This trend contributes to the increase in morbidity and mortality due to chronic non-communicable diseases. Furthermore, it is still a long way to go to ensure equity and social justice in health care. The unreached are yet to be uniformly reached. Health consumers are yet to be treated with equal dignity. Effective measures are yet to be in place to ensure equitable distribution of health resources.

As universally accepted, health is at the centre of development, and health can contribute significantly to poverty reduction. This vision will be realized only when much more attention is paid to the means and ways to keep people always in good health. More attention has to be paid to the reduction of morbidity; in addition to the intervention to prevent death and limit disability. More attention needs to be paid to health determinants and risks in the development and implementation of health programmes. In such a

process, there is a need to move towards positive, rather than negative health. Today, there are more ways to prolong healthy life. The current health development efforts should be geared towards healthy longevity, rather than simply a long life.

Today demographic change has resulted in a more aged population. There is an urgent need to look at the aging process and apply appropriate interventions at various stages of growth and development to ensure healthy aging. We should not wait for the people to get old, and try to limit disability and prevent death at that point. However, the aged population is already here with us, we have to take the best care of them. It is important now to ensure "life cycle care".

The efforts of health systems must be geared towards:

- the optimal human growth and development from conception;
- the maintenance of good health throughout;
- delaying the pathological process during lifetime; and
- limiting disability and dependency as much as possible, especially during the later years of life.

These are some among many other issues that need to be tackled by the health workforce in their efforts towards good health for all. While maintaining specializations in health professions, health staff in future will need to be versatile and broad in their visions. The visions that can help them see through a healthy life of people; and be able to ensure healthy longevity of that life.

In addition to technical competence and skills, there is a need for the health workforce to possess a high degree of ethical and moral value. We need the workforce to be imbued with multidisciplinary and multisectoral perspective; the workforce that can really mobilise all stakeholders for effective health development at all levels. And, more important, we need the workforce with a strong sense of social responsibility and commitment.

International agencies and institutions should join hands to support countries in their efforts to develop a health workforce that suits development work in the 21st century. Considerations in the development of a health workforce must take into account the required health actions at all levels, from the grassroots to the national. There is an urgent need to pay equal and particular attention to those who work in the community to serve the entire population. We need staff who can reach the unreached; to serve the poor, underprivileged, marginalized and vulnerable. These are staff members who can effectively provide promotive and preventive health care in the community. This is in addition to alleviating the suffering of the people and curing disease and illness.

There is an urgent need for a workforce which can get fully and effectively involved in the development and implementation of public health programmes. The programmes that deal primarily with health promotion and disease prevention. The programmes that aim at prevention and control of HIV/AIDS, malaria, tuberculosis, dengue, encephalitis and many other diseases. The programmes that can ensure clean water, good hygiene, sound sanitation, and other aspects of a healthy environment. The programmes that can reduce maternal and child mortality, and promote healthy populations in the remote rural villages.

At the same time, there is a need to strengthen the capacity of professionals and experts in the related institutions and facilities; so that they are able to effectively support the efforts of those who work in the fields, in the community, and in the rural settings. These institutions and facilities have to play their key role in the development and training of a community-based health workforce, grassroot health workers. This development and training is one of the most important entry points for strengthening country capacity in health.

A competent and dedicated health workforce can ensure sustainable health development, and can ensure the attainment of long-term health goals in countries. Development of human resources for health has always been the key priority of WHO. WHO is always ready to fully collaborate with Member States and stakeholders/partners in these critically important areas. Last but not least, I would like to underline the importance of networking among concerned institutions and agencies, at both national and international levels.

This networking will certainly optimize the impacts of their contributions to the success in ensuring competent and relevant health workforce, and the impact on the overall development of human resources for health, especially in developing countries. In this connection, I would like to place on record my appreciation of the creation of the Asia-Pacific Action Alliance on Human Resources for Health (AAAH). I also deeply appreciate its efforts in organizing this first conference.

The conference will be another important platform for the international community concerned to share knowledge, and exchange information and tools in the area of human

resources for health. I am sure that the outcome of this conference will bring us a long way forward towards working closely together to ensure the availability of the required health workforce for health development in the 21st century.

Finally, I wish the conference all success; and I wish all participants an enjoyable stay in Thailand.

Thank you.